

DENTAL POLICY GUIDELINE

Effective: 04/01/2016

House/Extended Care Facility Call

CDT CODE: D9410

Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed.

- This code must be billed in addition to a ND Medicaid covered service.
- The service cannot be billed separately from the ND Medicaid covered service.

House/Extended Care Facility Call

- Professional visit is allowed/reimbursed once per member, per day
- Service is allowed/reimbursed only when billed per CDT Guidance
- Service is allowed/reimbursed when billed in conjunction with at least one covered ND Medicaid service
- No service authorization is needed.
- Service is not allowed/reimbursed for Head Start physicals
- Service is not allowed/reimbursed when billed in conjunction with denture preparatory services, denture impressions, denture adjustments, denture cleanings, or any other denture or partial denture related services that fall under CDT codes D5000-D5999 as these are considered inclusive to the cost of the denture or partial denture service.
- ND Medicaid will require documentation when D9410 is billed in conjunction with one of the following codes and no other covered procedure: D0120, D0140, D0145, D0150, D0160, D0170, D0171, and D0180.
- ND Medicaid will allow/reimburse D9410 when billed in conjunction with a reimbursable procedure and an evaluation. Documentation will not be necessary, however, must be kept on file at the dental office.